

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement of \$360.70 for date of service, 02/25/02.
- b. The request was received on 06/17/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOB(s)
  - d. Itemized supply list
  - e. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/12/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and response statement
  - b. HCFA(s)
  - c. EOB(s)
  - d. Itemized supply list
  - e. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/12/02. The Requestor did not submit additional information. There is no Carrier 14 day response to this medical fee dispute in the file.
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

### III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: Letter dated 06/20/02

“Carrier’s position with respect to CPT Codes 99499, 99070-ST, 99070-AS and A4215 for date of service 02-25-02 is that the charges are included in the global fee for other services provided on that date. The technical component MAR includes charges for personnel, materials, including contrast media and drugs, film or xerograph, space, equipment and other facility resources, per page 203 of the Texas Fee Schedule. The charges submitted are included in the radiological facility fees. See EOBs and charges submitted.”

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/25/02
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. The Carrier’s EOB(s) deny additional reimbursement as, “F This service is included in another service performed on the same date.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/25/02	99499 RR	\$119.00	\$0.00	F for all dates	DOP	TWCC Rule 133.307 (g); MFG General Instructions (IV); SGR (V); CPT Descriptor	The Requestor did not respond to TWCC’s request for additional information sent 07/12/02; therefore, there is no medical documentation in the file to support that services were rendered as billed. <b>No</b> reimbursement is recommended.
02/25/02	99070 ST	\$207.21	\$0.00				
02/25/02	99070 AS	\$12.50	\$0.00				
02/25/02	A4215	\$21.99	\$0.00				
<b>Totals</b>		\$360.70	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 18th day of November 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt